ETS STUDY
6 Week Post-Partum Telephone Interview

(TO BE COMPLETED AFTER THE DELIVERY AND RESCREENING INTERVIEW)

SUBJECT ID LABEL

DATE INTERVIEW COMPLETED:

|___|___|-|___|___|-|___|___|___|___|
Mo Day Yr

FINAL INTERVIEW RESULT CODE:

Pending/not yet completed 01

Completed..... 02

Partially Completed 03

Incomplete – Unable to Locate (Discontinued)..... 092

Incomplete – Unavailable (Discontinued)..... 093

Incomplete – Other Reason (Discontinued) 094

Incomplete – N/A 097

Incomplete – Refused (Discontinued) 099

Specify Incomplete Cases:

_____

DATE INTERVIEW RESULT CODE FINALIZED:

|___|___|-|___|___|-|___|___|___|___|
Mo Day Yr

BEST DATES/TIME FOR 4-MONTH TELEPHONE INTERVIEW:

_____

☐$_1$ Entered final result code, date, best time for 4-month interview, and any updated contact information into DMS.

Date of Last Interview:

|___|___| - |___|___| - |___|___|___|___|
Mo Day Yr

Time Interview Began:

|___|___|:|___|___| am / pm

SECTION A. DEMOGRAPHIC FOLLOW-UP

In order for the survey results to be useful, it is crucial that everyone give us accurate answers. Your answers are strictly confidential, as required by federal law. Also, you may refuse to answer any question. Please use the blue answer cards that you were given to help you answer some of the questions. I will be referring to them as we go. If you have any questions, please let me know. If not, we can start.

1. Is (NAME OF BABY) living with you now?

YES .....1→ **SKIP TO Q.2**

NO 2

1b. Where is (he/she) living now?

BABY'S FATHER..... 1

MATERNAL GRANDPARENT(S) 2

PATERNAL GRANDPARENT(S) 3

OTHER RELATIVES 4

FOSTER CARE 5

OTHER 6

1c. SPECIFY _____

1d. How long do you expect (him/her) to be living there? Would you say . . .

less than 1 week 1

1-3 weeks 2

4-8 weeks, that is, 1-2 months, or .....3 → **END INTERVIEW**

8 weeks or more, that is, more than 2 months .....4 → **END INTERVIEW**

NOT SURE .....-8 → **END INTERVIEW**

1e. INTERVIEWER: PROVIDE ADDITIONAL DETAILS REGARDING BABY'S LIVING SITUATION AS APPROPRIATE.

_____

_____

2. Do you currently work either part time or full time at a job for pay? Please include odd jobs like babysitting or pickup work, and temporary jobs, as well as regular, steady jobs. (IF "YES," PROBE IF FULLTIME OR PARTTIME.)

YES, FULLTIME 1
YES, PARTTIME 2
NO 3

3. Are you currently enrolled in school?

YES 1
NO 2

4. Last time when we spoke on (DATE OF BASE LINE INTERVIEW), you were still pregnant and you were living at (GIVE HOME ADDRESS), have you moved since then?

YES ..... 1 → **COLLECT NEW CONTACT INFORMATION AND UPDATE CONTACT BOOKLET**
NO 2

SECTION B: INFANT HEALTH

1. Since (NAME OF BABY) has been home from the hospital, would you say (his/her) health has been…

   Poor, ... 1

   Fair,..... 2

   Good, or..... 3

   Excellent? 4

2. Since you brought (NAME OF BABY) home from the hospital, has (he/she) been to see a doctor or other medical personnel for a routine well-baby checkup or immunizations? (A well-baby checkup is a regular health visit for your baby with a pediatrician or family doctor.)

   YES.....1

   NO .....2 → **SKIP TO Q.3**

   2a. How many times? |____|____|

   2b. Where did you take (NAME OFBABY)?

   DOCTOR NAME/LOCATION: _____

   DOCTOR NAME/LOCATION: _____

   DOCTOR NAME/LOCATION: _____

   2c. Did (he/she) receive any shots during this (these visits)?

   YES.....1

   NO.....2 → **SKIP TO Q.3**

   NOT SURE/CAN'T REMEMBER.....-8 → **SKIP TO Q.3**

   2d. What were the shots during this (these visits) for?

   _____

   _____

3. Since you brought (NAME OF BABY) home from the hospital, has (he/she) experienced any of the following health problems:		IF YES: 3a. About how many times has this happened?
(1) An ear infection?	YES .....1→ NO .....2 NOT SURE.....-8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ...1 2 -3 times, or .....2 4 times or more? 3
(2) Fever?	YES .....1→ NO .....2 NOT SURE.....-8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ...1 2 -3 times, or .....2 4 times or more? 3
(3) Bronchitis or bronchiolitis?	YES .....1→ NO .....2 NOT SURE.....-8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ...1 2 -3 times, or .....2 4 times or more? 3
(4) Pneumonia?	YES .....1→ NO .....2 NOT SURE.....-8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ...1 2 -3 times, or .....2 4 times or more? 3
(5) Coughing, wheezing, rattling in the chest or other breathing difficulties?	YES .....1→ NO .....2 NOT SURE.....-8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ...1 2 -3 times, or .....2 4 times or more? 3
(6) Any other respiratory problems such as a cough, cold, or runny nose?	YES .....1→ NO .....2 NOT SURE.....-8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ...1 2 -3 times, or .....2 4 times or more? 3
(7) Spitting up or reflux?	YES .....1→ NO .....2 NOT SURE.....-8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ...1 2 -3 times, or .....2 4 times or more? 3
(8) Vomiting?	YES .....1→ NO .....2 NOT SURE.....-8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ...1 2 -3 times, or .....2 4 times or more? 3

3. Since you brought (NAME OF BABY) home from the hospital, has (he/she) experienced any of the following health problems:		IF YES: 3a. About how many times has this happened?
(9) Diarrhea?	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(10) Constipation?	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(11) Allergies to food, milk, or formula, etc.?	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(12) Any other type of feeding or digestion problems?	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(13) The skin condition called "eczema"?	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(14) Any other type of rash, including diaper rash?	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(15) Colic? (Irritability, inconsolable crying, and screaming accompanied by clenched fists, drawn-up legs, and a red face for at least 3 hours per day, at least 3 days per week, and at least 3 weeks.")	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(16) Anemia or low iron?	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3

3. Since you brought (NAME OF BABY) home from the hospital, has (he/she) experienced any of the following health problems:		IF YES: 3a. About how many times has this happened?
(17) Problems sleeping?	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(18) Immunization reactions	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(19) Any other health problems?	YES ..... 1→ NO ..... 2 NOT SURE ..... -8 3c. SPECIFY_____ _____ _____	|___|___| times IF DK: 3b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3

4. Since you brought (NAME OF BABY) home from the hospital, how many injuries has (he/she) had that…

(1) were minor (i.e., no treatment was needed or only minor treatment, like a bandaid was needed)?	a. |____|____| INJURIES	IF DK: b. Would you say . . . 1 time only,..... 1 2 -3 times, or ..... 2 4 times or more? 3
(2) required you to give treatment (e.g., you needed to apply an ice pack or clean a wound)?	a. |____|____| INJURIES	IF DK: b. Would you say . . . 1 time only,..... 1 2 -3 times, or ..... 2 4 times or more? 3
(3) required a doctor's attention (e.g., a trip to the doctor's office, or hospital emergency room)?	a. |____|____| INJURIES	IF DK: b. Would you say . . . 1 time only,..... 1 2 -3 times, or ..... 2 4 times or more? 3

5. I will now read to you a list of different types of injuries children and babies often have. Please tell me if (NAME OF BABY) has <u>ever</u> had each type of injury…		IF YES: 5a. About how many times has this happened?
(1) A motor vehicle accident - as a passenger or pedestrian? (e.g., where you baby was in a car accident or was struck by a car while being walked)	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times <u>IF DK</u>: 5b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(2) A water-related accident? (e.g., where the baby slipped under the water while in the tub, was face down in water, inhaled water , fell in water)	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times <u>IF DK</u>: 5b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(3) A burn – from hot liquids, chemicals or fire, or hot objects? (e.g., where baby was burned on the stove, by a heater, scalding hot water, a cigarette)	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times <u>IF DK</u>: 5b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(4) A fall - from heights (e.g., off the couch, a bed, out of your arms, down stairs) or from a moving object? (e.g., while you were on a bike, swing)	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times <u>IF DK</u>: 5b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(5) A cut or scrape of any kind? (e.g., scrape, gash in head, puncture wound)	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times <u>IF DK</u>: 5b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(6) A crushing injury? (e.g., slamming door on hand, stepped on foot, another child fell on)	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times <u>IF DK</u>: 5b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(7) An electrical injury? (e.g., electric shock)	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times <u>IF DK</u>: 5b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3
(8) An accidental poisoning from having eaten or ingested any poisonous chemicals, drugs, foods, plants, etc.?	YES ..... 1→ NO ..... 2 NOT SURE ..... -8	|___|___| times <u>IF DK</u>: 5b. Would you say . . . 1 time only, ... 1 2 -3 times, or ..... 2 4 times or more? 3

5. Has (NAME OF BABY) has ever had …		IF YES: 5a. About how many times has this happened?
(9) A choking or suffocation type of injury? (e.g., where the baby could not breathe, turned blue)	YES..... 1→ NO..... 2 NOT SURE..... -8	|___|___| times IF DK: 5b. Would you say . . . 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(10) Any other type of injury?	YES..... 1→ NO ..... 2 NOT SURE..... -8 5c. SPECIFY_____ _____ _____	|___|___| times IF DK: 5b. Would you say . . . 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3

6. Since you brought (NAME OF BABY) home from the hospital after your delivery, have you ever taken (him/her) to see a doctor or other medical personnel because of any of the illnesses or injuries we just discussed, not including a regular well-baby visit? Please do not include any visits to the emergency room or an overnight hospital patient. I will ask about those later.

YES 1

NO .....2 → **SKIP TO Q.8**

6a. How many different times have you taken (NAME OF BABY) to see the doctor or other medical personnel because of an illness or injury?

|____|____| TIMES

7. Starting with the first visit to the doctor for an injury or illness since you brought (NAME OF BABY) home from the hospital . . .

	DOCTOR VISIT #1	DOCTOR VISIT #2	DOCTOR VISIT #3
a. In what month and year was the first/next doctor's visit? AFTER 1ST DOCTOR VISIT SAY: Do not include any follow-up visits for the doctor visits you already told me about.	|___|___| - |___|___|___|___| Mo Yr	|___|___| - |___|___|___|___| Mo Yr	|___|___| - |___|___|___|___| Mo Yr
b. Where did you take (NAME OF BABY) for care for that illness or injury?	DR NAME/LOCATION:	DR NAME/LOCATION:	DR NAME/LOCATION:
c. What type of illness or injury did your baby have at that time?	SPECIFY ILLNESS OR INJURY: _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS ..... 1 GASTROINTESTINAL ILLNESS ..... 2 OTHER ILLNESS..... 3 INJURY..... 4 OTHER..... 5	SPECIFY ILLNESS OR INJURY: _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS.....1 GASTROINTESTINAL ILLNESS.....2 OTHER ILLNESS.....3 INJURY.....4 OTHER.....5	SPECIFY ILLNESS OR INJURY: _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS.....1 GASTROINTESTINAL ILLNESS.....2 OTHER ILLNESS.....3 INJURY.....4 OTHER 5
d. Did (he/she) have any follow-up visits to the doctor for this illness or injury?	NO .....1 (SKIP TO f) YES 2	NO..... 1 (SKIP TO f) YES..... 2	NO.....1 (SKIP TO f) YES 2
e. How many follow-up visits did your baby have?	|____|____| visits	|____|____| visits	|____|____| visits
f. Did the doctor advise you to take (him/her) to the ER or admit him/her to the hospital for this illness/injury? (CIRCLE ONE RESPONSE)	YES, BOTH ER & HOSPITAL .....1 YES, ER ONLY .....2 YES, HOSPITAL ONLY .....3 NO, NEITHER 4	YES, BOTH ER & HOSPITAL..... 1 YES, ER ONLY..... 2 YES, HOSPITAL ONLY..... 3 NO, NEITHER..... 4	YES, BOTH ER & HOSPITAL .....1 YES, ER ONLY .....2 YES, HOSPITAL ONLY .....3 NO, NEITHER.....4

INTERVIEWER: ENTER NAME OF ALL MEDICAL CARE PROVIDERS INTO THE DMS.

	DOCTOR VISIT #4	DOCTOR VISIT #5	DOCTOR VISIT #6
a. In what month and year was the first/next doctor's visit? AFTER 1ST DOCTOR VISIT SAY: Do not include any follow-up visits for the doctor visits you already told me about.	|___|___| - |___|___|___|___| Mo Yr	|___|___| - |___|___|___|___| Mo Yr	|___|___| - |___|___|___|___| Mo Yr
b. Where did you take (NAME OF BABY) for care for that illness or injury?	DR NAME/LOCATION:	DR NAME/LOCATION:	DR NAME/LOCATION:
c. What type of illness or injury did your baby have at that time?	SPECIFY ILLNESS OR INJURY: _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS ..... 1 GASTROINTESTINAL ILLNESS ..... 2 OTHER ILLNESS..... 3 INJURY..... 4 OTHER..... 5	SPECIFY ILLNESS OR INJURY: _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS .....1 GASTROINTESTINAL ILLNESS .....2 OTHER ILLNESS.....3 INJURY.....4 OTHER.....5	SPECIFY ILLNESS OR INJURY: _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS.....1 GASTROINTESTINAL ILLNESS.....2 OTHER ILLNESS.....3 INJURY.....4 OTHER 5
d. Did (he/she) have any follow-up visits to the doctor for this illness or injury?	NO .....1 (SKIP TO f) YES 2	NO..... 1 (SKIP TO f) YES..... 2	NO.....1 (SKIP TO f) YES 2
e. How many follow-up visits did your baby have?	|___|___| visits	|___|___| visits	|___|___| visits
f. Did the doctor advise you to take (him/her) to the ER or admit him/her to the hospital for this illness/injury? (CIRCLE ONE RESPONSE)	YES, BOTH ER & HOSPITAL .....1 YES, ER ONLY .....2 YES, HOSPITAL ONLY .....3 NO, NEITHER 4	YES, BOTH ER & HOSPITAL..... 1 YES, ER ONLY..... 2 YES, HOSPITAL ONLY..... 3 NO, NEITHER..... 4	YES, BOTH ER & HOSPITAL .....1 YES, ER ONLY .....2 YES, HOSPITAL ONLY .....3 NO, NEITHER.....4

INTERVIEWER: ENTER NAME OF ALL MEDICAL CARE PROVIDERS INTO THE DMS.

IF MORE THAN 6 DOCTOR VISITS, USE SUPPLEMENTAL PAGE.

8. Since you brought (NAME OF BABY) home from after delivery how many times has (he/she) been . . .
   a. treated or seen at an emergency room for any illness or injury? |____|____| TIMES
   b. admitted as an overnight patient at a hospital for any illness or injury? |____|____| TIMES

IF BOTH Q8a AND Q8b = 0, SKIP TO SECTION C, PG. 13; OTHERWISE CONTINUE WITH Q.9

9. Starting with the first ER visit or hospital admission after you brought (NAME OF BABY) home after delivery . . .

	ER/HOSPITAL VISIT #1	**ER/HOSPITAL VISIT #2**	**ER/HOSPITAL VISIT #3**
a. In what month and year was the first/next ER visit/hospital admission?	|___|___| - |___|___|___|___| Mo Yr	|___|___| - |___|___|___|___| Mo Yr	|___|___| - |___|___|___|___| Mo Yr
b. What type of visit was this -- an ER visit, a hospital admission or both?	ER VISIT ONLY ..... 1→ **SKIP TO d** HOSPITAL ONLY ..... 2 BOTH 3	ER VISIT ONLY ..... 1→ **SKIP TO d** HOSPITAL ONLY ..... 2 BOTH 3	ER VISIT ONLY ..... 1→ **SKIP TO d** HOSPITAL ONLY ..... 2 BOTH..... 3
c. How many nights did your baby spend in the hospital during this visit?	|___|___| # NIGHTS	|___|___| # NIGHTS	|___|___| # NIGHTS
d. Why was your baby taken to the ER or admitted to the hospital at that time?	SPECIFY ILLNESS OR INJURY _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS ..... 1 GASTROINTESTINAL ILLNESS..... 2 OTHER ILLNESS ..... 3 INJURY ..... 4 OTHER 5	SPECIFY ILLNESS OR INJURY _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS..... 1 GASTROINTESTINAL ILLNESS..... 2 OTHER ILLNESS..... 3 INJURY ..... 4 OTHER 5	SPECIFY ILLNESS OR INJURY _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS..... 1 GASTROINTESTINAL ILLNESS..... 2 OTHER ILLNESS ..... 3 INJURY ..... 4 OTHER 5
d. Was (he/she) taken to the ER/admitted to the hospital for one of the illnesses or injuries we just discussed?	YES..... 1 NO .....2 (SKIP TO f)	YES..... 1 NO .....2 (SKIP TO f)	YES ..... 1 NO..... 2 (SKIP TO f)
e. Which one?	INDICATE DOCTOR VISIT # |___|___|	INDICATE DOCTOR VISIT # |___|___|	INDICATE DOCTOR VISIT # |___|___|
f. Where did you take (him/her) for care at that time?	DR NAME/LOCATION:	DR NAME/LOCATION:	DR NAME/LOCATION:

INTERVIEWER: ENTER NAME OF ALL MEDICAL CARE PROVIDERS INTO THE DMS.

	ER/HOSPITAL VISIT #4	ER/HOSPITAL VISIT #5	ER/HOSPITAL VISIT #6
a. In what month and year was the first/next ER visit/hospital admission?	|___|___| - |___|___|___|___| Mo Yr	|___|___| - |___|___|___|___| Mo Yr	|___|___| - |___|___|___|___| Mo Yr
b. What type of visit was this -- an ER visit, a hospital admission or both?	ER VISIT ONLY ..... 1→ **SKIP TO d** HOSPITAL ONLY ..... 2 BOTH 3	ER VISIT ONLY ..... 1→ **SKIP TO d** HOSPITAL ONLY ..... 2 BOTH 3	ER VISIT ONLY ..... 1→ **SKIP TO d** HOSPITAL ONLY ..... 2 BOTH..... 3
c. How many nights did your baby spend in the hospital during this visit?	|___|___| # NIGHTS	|___|___| # NIGHTS	|___|___| # NIGHTS
d. Why was your baby taken to the ER or admitted to the hospital at that time?	SPECIFY ILLNESS OR INJURY _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS ..... 1 GASTROINTESTINAL ILLNESS..... 2 OTHER ILLNESS ..... 3 INJURY ..... 4 OTHER 5	SPECIFY ILLNESS OR INJURY _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS..... 1 GASTROINTESTINAL ILLNESS..... 2 OTHER ILLNESS..... 3 INJURY ..... 4 OTHER 5	SPECIFY ILLNESS OR INJURY _____ CODE TYPE OF ILLNESS OR INJURY (MARK ALL THAT APPLY): RESPIRATORY ILLNESS..... 1 GASTROINTESTINAL ILLNESS..... 2 OTHER ILLNESS ..... 3 INJURY ..... 4 OTHER 5
d. Was (he/she) taken to the ER/admitted to the hospital for one of the illnesses or injuries we just discussed?	YES..... 1 NO .....2 (SKIP TO f)	YES..... 1 NO .....2 (SKIP TO f)	YES..... 1 NO..... 2 (SKIP TO f)
e. Which one?	INDICATE DOCTOR VISIT # |___|___|	INDICATE DOCTOR VISIT # |___|___|	INDICATE DOCTOR VISIT # |___|___|
f. Where did you take (him/her) for care at that time?	DR NAME/LOCATION:	DR NAME/LOCATION:	DR NAME/LOCATION:

IF MORE THAN 6 ER OR HOSPITAL VISITS, USE SUPPLEMENTAL PAGE

INTERVIEWER: ENTER NAME OF ALL MEDICAL CARE PROVIDERS INTO THE DMS.

SECTION C: INFANT CARE PRACTICES AND TEMPERMENT

Now, I would like to ask you some questions about (NAME OF BABY)'s feeding and sleeping habits.

1. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

YES.....1

NO .....2 → **SKIP TO Q.2a**

2. Are you still breastfeeding or feeding pumped milk to your new baby?

YES.....1→ **SKIP TO Q.2c**

NO.....2

2a. What were some of your reasons for (not/stopping) breastfeeding or pumping breast milk? (CIRCLE ALL THAT APPLY)

I WAS/AM SMOKING CIGARETTES 1

MY BABY HAD DIFFICULTY NURSING 2

BREAST MILK ALONE DID NOT SATISFY MY BABY 3

I THOUGHT MY BABY WAS NOT GAINING ENOUGH WEIGHT 4

MY BABY GOT SICK AND COULD NOT BREASTFEED..... 5

MY NIPPLES WERE SORE, CRACKED, OR BLEEDING 6

I THOUGHT I WAS NOT PRODUCING ENOUGH MILK 7

I HAD TOO MANY OTHER HOUSEHOLD DUTIES 8

I FELT IT WAS THE RIGHT TIME TO STOP BREASTFEEDING..... 9

I WAS SICK OR ON MEDICINE AND COULD NOT BREASTFEED..... 10

I WENT BACK TO WORK OR SCHOOL 11

I WANTED OR NEEDED SOMEONE ELSE TO FEED THE BABY 12

MY BABY WAS JAUNDICED (YELLOWING OF THE SKIN OR WHITES OF THE EYES)..... 13

I HAD OTHER CHILDREN TO TAKE CARE OF 14

I DIDN'T LIKE BREASTFEEDING..... 15

I DIDN'T WANT TO BE TIED DOWN..... 16

I WAS EMBARRASSED TO BREASTFEED 17

I WANTED MY BODY BACK TO MYSELF 18

OTHER 19

2b. SPECIFY_____

IF Q1 = NO, SKIP TO Q. 3

2c. Since you gave birth, how many days, weeks or months did you breastfeed or pump milk to feed your baby?

|____|____| DAYS |____|____| WEEKS |____|____| MONTHS

-7 ☐ EVERY DAY/THE ENTIRE TIME SINCE GIVING BIRTH

3. In the past week, did you feed your baby any of the following foods or drinks?

	YES	NO
a. Baby Food from a can/jar (e.g., Gerbers)	1	2
b. Breast Milk	1	2
c. Cereal	1	2
d. Infant Formula	1	2
e. Fruit Juice	1	2
f. Honey	1	2
g. Regular Milk (Cow or Goat Milk)	1	2
h. Soft Foods (e.g., mashed potatoes, vegetables)	1	2
i. Fruit (e.g., fresh or canned apples, raisins, peaches)	1	2
j. Solid Foods (e.g., Hot Dog, Meat)	1	2
k. Sugar Water	1	2
l. Water (Without Sugar or Any Other Sweetener)	1	2
m. Anything Else?	1	2

n.. SPECIFY_____

4. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, water, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

|____|____| DAYS |____|____| WEEKS |____|____| MONTHS

-7 ☐ I HAVE NOT YET FED MY BABY ANYTHING BESIDES BREAST MILK

5. How old was your baby the first time you fed him or her anything with a spoon (e.g., rice, cereal, baby fruit, baby food)?

|____|____| DAYS |____|____| WEEKS |____|____| MONTHS

-7 ☐ I HAVE NOT YET FED MY BABY ANYTHING WITH A SPOON

ASK Q.6- Q18 AT 6 WEEKS, 6 MONTHS AND 12 MONTHS.

6. Compared to most babies, how much does your baby cry and fuss in general? Does your baby cry and fuss…

   Very little,..... 1

   Somewhat less than most babies, ... 2

   An average amount,..... 3

   Somewhat more than most babies, or..... 4

   A lot? 5

7. How many times per day, on the average, does your baby get fussy and irritable – for either short or long periods of time?

   NEVER 0

   1 – 2 TIMES 1

   3 – 4 TIMES 2

   5 – 6 TIMES 3

   7 – 9 TIMES 4

   10 – 14 TIMES..... 5

   15 TIMES OR MORE..... 6

8. Compared to most babies, how easily does your infant get upset? Is (he/she)…

   Very easily upset; even little things seem to bother (him/her)..... 1

   Somewhat more easily upset than most babies 2

   About average..... 3

   Somewhat harder to upset than most babies 4

   Very hard to upset; nothing seems to bother (him/her)? 5

9. When your baby gets upset, how loudly does (he/she) cry and fuss? When your baby cries and fusses, is (he/she) . . .

   Always very quiet,..... 1

   Mostly quiet,..... 2

   Sometimes loud and sometimes quiet, ... 3

   Mostly loud, or 4

   Always very loud?..... 5

10. How often do you feel you know why your baby is crying, and how best to respond? Do you feel you know why your baby is crying and how best to respond...

Every time, ... 1

Most of the time, ... 2

Some of the time,..... 3

Rarely or hardly ever..... 4

Never when your baby cries? 5

11. When your baby cries, how often do you respond immediately rather than letting your baby cry a bit longer? Do you respond immediately...

Every time, ... 1

Most of the time, ... 2

Some of the time,..... 3

Rarely or hardly ever..... 4

Never respond immediately when your baby cries? 5

12. When you dress your baby, how does (he/she) react? Does (he/she) react…

Very positively; (he/she) likes it a lot (e.g., coos, smiles, laughs), ... 1

Somewhat positively, ... 2

Neither positively nor negatively, ... 3

Somewhat negatively (e.g., fusses or resists), or..... 4

Very negatively; (he/she) doesn't like it at all?..... 5

13. How easy or difficult is it for you to calm or soothe your baby when (he/she) gets upset? Would you say . . .

Very easy..... 1

Somewhat easy..... 2

About average..... 3

Somewhat difficult 4

Very difficult 5

14. Which of the following best describes your baby's mood most of the time? Is (he/she) usually . . .

Very happy and cheerful, ... 1

Somewhat happy and cheerful, ... 2

Neither happy nor serious,..... 3

Somewhat serious, or 4

Very serious?..... 5

15. Which of the following best describes your baby's mood changes? Does (his/her) mood change . . .

Very seldom and very slowly, ... 1

Somewhat seldom and somewhat slowly,..... 2

About average,..... 3

Somewhat often and somewhat rapidly, or 4

Very often and very rapidly..... 5

16. How regular is your baby's pattern of eating, sleeping, and bowel movements? Would you say your baby is . . .

Not at all regular,.....1

Not very regular, ...2

Sometimes regular and other times not,.....3

Mostly regular, or.....4

Always regular in (his/her) pattern of eating, sleeping and bowel movements? 5

17. Compared to most babies, would the average mother think your baby is easy or difficult to deal with? Would you say . . .

Very easy to deal with,..... 1

Somewhat easy,..... 2

About average, ... 3

Somewhat difficult, or..... 4

Very difficult to deal with? 5

18. During the past week, how often did you do each of the following with your baby? Please rate how often you did each of the following using **CARD F**. Your first reaction to each question should be your answer.

	Hardly Ever/ Never	Once or Twice A Week	Three to 5 Times A Week	Every/ Almost Every Day	Two or More Times a Day
a. Talked to your baby while you were feeding or changing his/her diaper?	1	2	3	4	5
b. Read a book out loud to your baby	1	2	3	4	5
c. Played games like peek-a-boo and back and forth games with your baby?	1	2	3	4	5
d. Had special cuddle times with your baby?	1	2	3	4	5
e. Took your baby outside for walks?	1	2	3	4	5
f. Helped your baby to learn a new skill (e.g.,reach and grasp something, eat with a spoon, say a new word, stand or walk)?	1	2	3	4	5

SECTION D. PARENT-CHILD RELATIONSHIP, ATTITUDES, & BEHAVIORS

ASK SECTION D AT 6 WEEKS, 6 MONTHS AND 12 MONTHS

1. Now, I have some questions about how you have been feeling about your new baby and being a mother over the past month. Please rate the extent to which you agree or disagree with the following statements using **CARD G**. Your first reaction to each question should be your answer.

	Strongly Agree	Somewhat Agree	Not Sure	Somewhat Disagree	Strongly Disagree
a. I have had doubtful feelings about my ability to handle being a parent. Do you…	1	2	3	4	5
b. Being a parent is harder than I thought it would be. Do you	1	2	3	4	5
c. I feel capable and on top of things when I am caring for my child.	1	2	3	4	5
d. I can't make decisions without help.	1	2	3	4	5
e. I have had many more problems raising children than I expected	1	2	3	4	5
f. I enjoy being a parent. Do you	1	2	3	4	5
g. I feel that I am successful most of the time when I try to get my child to do or not do something	1	2	3	4	5
h. I find that I am not able to take care of this child as well as I thought I could. I need help	1	2	3	4	5
i. I often have the feeling that I cannot handle things very well	1	2	3	4	5

2. When I think about myself as a parent, I believe…

   I can handle anything that happens, ... 1

   I can handle most things pretty well,..... 2

   Sometimes I have doubts, but I find I handle most things without any problems, ... 3

   I have some doubts about being able to handle things, or..... 4

   I don't think I handle things very well at all. 5

3. I feel that I am…

   A very good parent, ... 1

   A better than average parent, ... 2

   An average parent, ... 3

   A person who has some trouble being a parent, or 4

   Not very good at being a parent. 5

4. How easy is it for you to understand what your baby wants and needs? Would you say . . .

   Very easy,.....1

   Somewhat easy,.....2

   Somewhat difficult,.....3

   Very hard, or 4

   You usually can't (cannot) figure out what the problem is?.....5

5. On a scale of 1 to 5, with 1 = Not at all attached and 5 = Strongly Attached, how would you rate your baby's emotional attachment to you?

1	2	3	4	5
Not at all Attached				Strongly Attached

6. On a scale of 1 to 5, with 1 = Not at all attached and 5 = Strongly Attached, how would you rate your emotional attachment to your baby?

1	2	3	4	5
Not at all Attached				Strongly Attached

7. Do you currently have a partner, boyfriend, spouse, or someone with whom you have a romantic or sexual relationship?

   YES 1

   NO ..... 2 → **SKIP TO Q. 14**

8. How long have you been together (in years, months, weeks or days)?

   |___|___| YEARS |___|___| MONTHS |___|___| WEEKS |___|___| DAYS

9. Do you currently live with your partner?

   YES 1

   NO 2

10. Since you gave birth, how supportive of you has your current partner been both emotionally and in terms of helping you to take care of (NAME OF BABY)? Would you say . . .

    Not at all supportive, ... 1

    Not very supportive,..... 2

    Somewhat supportive,..... 3

    Very supportive, or 4

    Extremely supportive? 5

11. On average, during the past month, how often has your partner spent time with (NAME OF BABY)? Would you say . . .

Every day or almost every day, ... 1

3-4 times per week, ... 2

1-2 times per week, ... 3

1-3 times per month, or 4

Not at all? 5

12. Do you feel that your current partner is a…

A very good parent, ... 1

A better than average parent, ... 2

An average parent, ... 3

A person who has some trouble being a parent, or 4

Not very good at being a parent. 5

13. Is your current partner the father of this baby?

YES ..... 1 → **SKIP TO SECTION E, PG. 23**

NO 2

NOT SURE, DON'T KNOW ..... -8 → **SKIP TO SECTION E, PG. 23**

14. Do you <u>currently</u> live with the father of your baby?

YES 1

NO 2

15. Since you gave birth, how supportive of you has your baby's father been both emotionally and in terms of helping you to take care of (NAME OF BABY)? Would you say . . .

Not at all supportive, ...1

Not very supportive, ...2

Somewhat supportive, ...3

Very supportive, or 4

Extremely supportive?.....5

16. On average, during the past month, how often has the father of your baby spent time with (NAME OF BABY)? Would you say . . .

Every day or almost every day, ... 1

3-4 times per week, ... 2

1-2 times per week, ... 3

1-3 times per month, or 4

Not at all? 5

17. Do you feel that the father of your baby is a…

A very good parent, ... 1

A better than average parent, ... 2

An average parent, ... 3

A person who has some trouble being a parent, or 4

Not very good at being a parent? 5

SECTION E. TOBACCO USE, ATTITUDES, BELIEFS, BEHAVIORS

Now I'd like to ask you about <u>your cigarette smoking habits</u> during the last few months of pregnancy, and since you gave birth to your baby. First, I will ask you about the time between our first telephone interview and the time you delivered –that is during your third trimester (months 7-9). Then I will ask you about the time since you gave birth.

	(1) in your third trimester of pregnancy	(2) since you gave birth to (NAME OF BABY)
1. At any time _____, did you smoke at all, even a puff of a cigarette?	YES..... 1 NO ..... 2 → **SKIP TO COL.2**	YES..... 1 NO..... 2 → **SKIP TO Q.2**
1a. During a typical week ____, about how many days per week did you usually smoke cigarettes?	|___|___| DAYS/WK < 1 DAY/WEEK..... -1	|___|___| DAYS/WK < 1 DAY/WEEK..... -1
1b. On a typical day when you smoked _____, , about how many cigarettes did you usually smoke each day?	|___|___| CIGARETTES A FEW PUFFS .....-1	|___|___| CIGARETTES A FEW PUFFS .....-1
1c. On a typical day when you smoked _____, about how many cigarettes did you usually smoke each day <u>around your new baby</u>?		|___|___| CIGARETTES A FEW PUFFS .....-1
1d. At any time ____, were you able to stop smoking for 24 hours or longer?	YES.....1 NO .....2 → **SKIP TO COL.2**	YES.....1 NO.....2 → **SKIP TO Q,2**
1e. Thinking about <u>all</u> the times you quit ____, about how many total days, weeks or months were you able to stay smoke free?	|____|____| # OF DAYS |____|____| # OF WKS |____| # OF MONTHS ENTIRE TIME..... -9	|____|____| # OF DAYS |____|____| # OF WKS |____| # OF MONTHS ENTIRE TIME.....-9

2. Would you say you currently smoke more, less, or about the same number of cigarettes now, as you did while you were pregnant?

   MORE 1
   ABOUT THE SAME 2
   LESS 3

3. On how many of the <u>past 7 days</u> have you smoked at least one puff of a cigarette?

   |___| DAYS IF "0" → **SKIP TO Q. 8**

4. For the next questions, I need you to think about a typical day when you smoked cigarettes in the past 7 days. Which typical day have you selected?

   _____ 1☐ WEEK DAY 2☐WEEKEND DAY

5. On (TYPICAL DAY), about how many cigarettes did you smoke?

   |____|____| CIGARETTES

	6a. About how many of those (# IN Q.5) cigarettes did you smoke when you were _____ (ASK 6a AND 6b ACROSS FOR ITEMS (1) – (4).	6b. Of the cigarettes you smoked _____ that day, how many did you smoke around your baby or when your baby was with you?
(1) in a car?	|____|____| CIGARETTES **IF = 00, SKIP TO (2)**	|____|____| CIGARETTES
(2) at home, indoors?	|____|____| CIGARETTES **IF = 00, SKIP TO (3)**	|____|____| CIGARETTES
(3) at home, outdoors?	|____|____| CIGARETTES **IF = 00, SKIP TO (4)**	|____|____| CIGARETTES
(4) somewhere else, other than at your home or in a car?	|____|____| CIGARETTES **IF = 00, SKIP TO Q.7**	|____|____| CIGARETTES

7. During the past 24 hours, how many cigarettes did you smoke?

|____|____| CIGARETTES

NONE ..... 00 → **SKIP TO Q.8**

7a. Of the (# IN Q7) cigarettes you smoked during the past 24 hours, how many cigarettes did you smoke around your baby, that is, when your baby was with you in the same room, house or in a car while you smoked any part of a cigarette?

|____|____| CIGARETTES

8. How long has it been (in hours, days, weeks, months or years) since you smoked at all, even a puff of a cigarette? (RECORD EXACT RESPONSE, USING AS MANY BOXES AS NECESSARY)

|____|____| HOURS |____|____| DAYS |____|____| WEEKS

|____|____| MONTHS |____|____| YEARS

INTERVIEWER: HAS R SMOKED IN THE PAST 7 DAYS?

YES ..... 1 → SKIP TO Q. 10

NO ..... 2 → GO TO Q. 9

9. How confident are you that you can remain a non-smoker, and quit smoking for good? Would you say . . .

Not at all confident, ... 1

Not very confident, ... 2

Rather confident, or 3

Very confident? 4

INTERVIEWER: DID R LAST SMOKE 1 YEAR AND 6 MONTHS AGO (≥ 18 MONTHS) OR LONGER?
YES.....1 → SKIP TO SECTION F, PG. 28

NO.....2 → SKIP TO Q. 14

10. Are you seriously thinking about quitting smoking?

    Yes within the next 30 days 1

    Yes, within the next 6 months..... 2

    No, not thinking of quitting..... 3

11. If you decided to quit smoking during the next month, how confident are you that you could quit smoking for good? Would you say . . .

    Not at all confident,..... 1

    Not very confident,..... 2

    Rather confident, or..... 3

    Very confident?..... 4

12. When you smoke at home, how often do you decide to smoke outside instead of inside your home? Would you say . . .

    Never,..... 1

    Rarely,..... 2

    Sometimes,..... 3

    Often, or 4

    Almost always?..... 5

13. When you are in an indoor location with non-smokers, including children, how often do you smoke around them? Would you say . .

    Never,..... 1

    Rarely,..... 2

    Sometimes,..... 3

    Often, or 4

    Almost always?..... 5

14. Regardless of whether you have quit smoking or not, these questions may still apply to you. Since you gave birth, how much support or encouragement have you received from your partner, the father of your baby, your family, and/or friends to help you to cut down, quit smoking, or remain a non-smoker? Would you say ...

    None at all,..... 1

    A little, ... 2

    Some, or 3

    A lot?..... 4

15. Since you gave birth, how much support or encouragement have you received from your partner, household members, family, and friends to help you to not smoke around your new baby? Would you say. . .

None at all, ... 1

A little, ... 2

Some, or 3

A lot? 4

16. In the last week, how strong have your urges been to smoke a cigarette? Would you say . . .

Not at all strong, ... 1

Not very strong, ... 2

Somewhat strong 3

Very strong, or 4

Extremely strong? 5

17. Since you gave birth, have you done any of the following to try to quit, cut down on your smoking, or remain a non-smoker?

	YES	NO
a. Limited your smoking at home to only certain areas or rooms inside your house (e.g., in the basement, bedroom, kitchen, living room)?	1	2
b. Limited your smoking at home only to the outdoors, or outside your house (e.g., on the front porch, in the back yard)?	1	2
c. Called or talked to a friend or family member who supports your not smoking?	1	2
d. Since you gave birth, have you stayed away from other people who were smoking?	1	2
e. Have you done something else to avoid smoking a cigarette (e.g., cleaned the house, read a magazine, went for a walk)?	1	2
f. Done something nice or to reward yourself (e.g., buy a dress) for not smoking?	1	2
g. Since you gave birth, have you asked your partner, friends or family members to help you stay smoke-free?	1	2
h. Used any type of nicotine replacement product, for example, chewing nicotine gum, wearing a quit smoking patch, or using a nicotine inhaler or spray?	1	2

18. Since you gave birth, have any of the following people ever encouraged you not to smoke and to stay smoke free around your new baby?

	YES	NO
a. Pre-natal care clinic staff (a nurse or doctor)?	1	2
b. Your current partner or the father of your baby?	1	2
c. Someone else you live with?	1	2
d. A family member who does not live with you?	1	2
e. A friend who does not live with you?	1	2
f. Anyone else?	1	2

18g. SPECIFY: _____

SECTION F: ETS EXPOSURE, BELIEFS, & PRACTICES

The next questions are about how much the other people in your life, such as your partner, family members, friends, visitors, or the people you live with have smoked cigarettes, pipes, cigars or other tobacco products around you after our first interview, that is during your third trimester, and around you and your new baby since you gave birth to your baby. When I ask about cigarettes, please remember to count a cigar and a pipeful of tobacco the same as a cigarette.

	(1) during your third trimester of pregnancy	(2) since you gave birth to (NAME OF BABY).
1a. During a typical week ____, about how many days did someone else smoke cigarettes around you inside your home?	|___| DAYS/WK < 1 DAY/WEEK ..... -1 NO DAYS ..... 0 → SKIP TO Q. 1c	|___| DAYS/WK < 1 DAY/WEEK ..... -1 NO DAYS ..... 0 → SKIP TO Q. 1c
1b. During a typical day _____, when other people smoked inside your home, about how many cigarettes were usually smoked around you each day?	|___|___| CIGARETTES A FEW PUFFS..... -1	|___|___| CIGARETTES A FEW PUFFS..... -1
1c. During a typical week ____, about how many days did someone else smoke around you while you were away from your home (e.g., in someone else's home, in an enclosed room or a car)?	|___| DAYS/WK < 1 DAY/WEEK ..... -1 NO DAYS ..... 0 → SKIP TO COL. (2)	|___| DAYS/WK < 1 DAY/WEEK ..... -1 NO DAYS ..... 0 → SKIP Q. 2a
1d. During a typical day _____, when other people smoked around you away from your home, about how many cigarettes did they usually smoke around you each day?	|___|___| CIGARETTES A FEW PUFFS..... -1	|___|___| CIGARETTES A FEW PUFFS..... -1
2a. During a typical week _____, about how many days did someone else smoke cigarettes around your new baby inside your home?		|___| DAYS/WK < 1 DAY/WEEK ..... -1 NO DAYS ..... 0 → SKIP Q. 2c
2b. On a typical day ____ when other people smoked around your new baby inside your home, about how many cigarettes were usually smoked each day?		|___|___| CIGARETTES A FEW PUFFS -1
2c. During a typical week ____, about how many days did someone else smoke around your new baby while away from your home (e.g., in someone else's home, in an enclosed room or a car)?		|___| DAYS/WK < 1 DAY/WEEK ..... -1 NO DAYS ..... 0 → SKIP TO BOX
2d. On a typical day _____, when other people smoked around your new baby away from your home, about how many cigarettes were usually smoked each day?		|___|___| CIGARETTES A FEW PUFFS -1

Next, I would like to ask you about the people, other than yourself, who may have smoked either inside your home or around you and your new baby since you gave birth, and during the past 7 days. (IF DON'T KNOW: If you are not sure, take your best guess. Remember, one pack of cigarettes per day = 20 cigarettes.)

	(A) Your current partner/ husband/ boyfriend **(CHECK Q. D7. PG 20 IF R HAS CURRENT PARTNER)**	(B) Your baby's father **(CHECK Q. D13, PG 21 IF PARTNER IS BABY'S FATHER)**	(C)Your other household members **(NOT INCLUDING PARTNER OR BABY'S FATHER)**	(D) Your other friends and family members who do not live with you
3. (Does/Do) ___ smoke cigarettes?	YES.....1 NO .....2 → **SKIP TO. COL B** NO CURRENT PARNER ..... -7 → **SKIP TO COL. B**	YES.....1 NO.....2 → **SKIP TO COL C** PARNER IS BABY'S FATHER... -7 → **SKIP TO COL. C**	YES... 1 NO..... 2 → **SKIP TO. COL D**	YES... 1 NO..... 2 → **SKIP TO. Q.7**
3a. How many cigarette smokers, not including yourself, live in your home?			|____|____| SMOKERS	
4. (Has/have any of)_____ smoked at all, even a puff of a cigarette, inside your home since you gave birth?	YES..... 1 NO ..... 2 → **SKIP TO. Q5**	YES..... 1 NO..... 2 → **SKIP TO Q5**	YES..... 1 NO..... 2 → **SKIP TO Q5**	YES.....1 NO.....2 → **SKIP TO Q.5**
4a. On how many of the past 7 days did ____smoke cigarettes inside your home?	|____|____| DAYS	|____|____|DAYS	|____|____| DAYS	|____|____| DAYS
5. (Has/have any of])_____ smoked at all, even a puff of a cigarette, around you since you gave birth?	YES.....1 NO .....2 → **SKIP TO Q. 5e**	YES.....1 NO.....2 → **SKIP TO Q. 5e**	YES..... 1 NO..... 2 → **SKIP TO Q. 5e**	YES.....1 NO.....2 → **SKIP TO Q. 5e**
5a. On how many of the past 7 days did _____ smoke cigarettes around you inside your home?	|____| DAYS **IF 0 → SKIP TO Q. 5c**	|____| DAYS **IF 0 → SKIP TO Q. 5c**	|____| DAYS **IF 0 → SKIP TO Q. 5c**	|____| DAYS **IF 0 → SKIP TO Q. 5c**
5b. On a typical day in the past 7 days, about how many cigarettes did _____ smoke around you inside your home?	|___|___| CIGARETTES	|___|___| CIGARETTES	|___|___| CIGARETTES	|___|___| CIGARETTES
5c. On how many of the past 7 days did ____ smoke a cigarette around you away from your home, (e.g., in a car, at another person's home, at a restaurant, at work, or some other place)?	|____| DAYS **IF 0 → SKIP TO Q. 5e**	|____| DAYS **IF 0 → SKIP TO Q. 5e**	|____| DAYS **IF 0 → SKIP TO Q. 5e**	|____| DAYS **IF 0 → SKIP TO Q. 5e**
5d. On a typical day in the past 7 days, about how many cigarettes did ____ smoke around you away from home?	|___|___| CIGARETTES	|___|___| CIGARETTES	|___|___| CIGARETTES	|___|___| CIGARETTES
5e. Since you gave birth, has/have _____ increased smoking around you, continued smoking the same amount around you, reduced smoking around you, or stopped smoking around you?	Increased ..... 1 Same amount..... 2 Reduced ..... 3 Stopped 4	Increased.....1 Same amount .....2 Reduced .....3 Stopped.....4	Increased.....1 Same amount .....2 Reduced .....3 Stopped.....4	Increased ..... 1 Same amount..... 2 Reduced ..... 3 Stopped 4

	(A) Your current partner/ husband/ boyfriend…	(B) Your baby's father…	(C) Your other household members	(D) Your other friends and family members who do not live with you…
6. (Has/have any of) _____ smoked at all, even a puff of a cigarette, around your new baby since you gave birth?	YES.....1 NO .....2→ **SKIP TO COL. B**	YES .... 1 NO ..... 2 → **SKIP TO COL. C**	YES .... 1 NO ..... 2 → **SKIP TO COL. D**	YES .... 1 NO..... 2 → **SKIP TO Q. 7**
6a. On how many of the past 7 days did _____ smoke cigarettes around your new baby inside your home?	|____| DAYS **IF 0 → SKIP TO Q. 6c**	|____| DAYS **IF 0 → SKIP TO Q. 6c**	|____| DAYS **IF 0 → SKIP TO Q. 6c**	|____| DAYS **IF 0 → SKIP TO Q. 6c**
6b. On a typical day in the past 7 days, about how many cigarettes did _____ smoke around your new baby inside your home	|___|___| CIGARETTES	|___|___| CIGARETTES	|___|___| CIGARETTES	|___|___| CIGARETTES
6c. On how many of the past 7 days did ____ smoke a cigarette around your new baby away from your home, (e.g., in a car, at another person's home, at a restaurant, at work, or some other place)?	|____| DAYS **IF 0 → SKIP TO Q. 6e**	|____| DAYS **IF 0 → SKIP TO Q. 6e**	|____| DAYS **IF 0 → SKIP TO Q.6e**	|____| DAYS **IF 0 → SKIP TO Q.6e**
6d. On a typical day in the past 7 days, about how many cigarettes did ____ smoke around your new baby away from your home?	|___|___| CIGARETTES	|___|___| CIGARETTES	|___|___| CIGARETTES	|___|___| CIGARETTES
6e. Since you gave birth, has/have _____ increased smoking around your new baby, continued smoking the same amount around (him/her), reduced smoking around (him/her), or stopped smoking around your new baby?	Increased ..... 1 Same amount..... 2 Reduced ..... 3 Stopped ..... 4 **GO TO COL.B**	Increased.....1 Same amount .....2 Reduced.....3 Stopped.....4 **GO TO COL. C**	Increased .....1 Same amount.....2 Reduced.....3 Stopped .....4 **GO TO COL. D**	Increased.....1 Same amount .....2 Reduced .....3 Stopped.....4
6f. How many of your family members and friends, who do not live with you, are cigarette smokers? Would you say . . .				Less than half .....1 About half of them .....2 More than half of them, or.....3 All of them?.....4 **GO TO Q. 7**

To summarize, think of all the people you know who smoke cigarettes.

7. On how many of the past 7 days did any other people, not including yourself, smoke even a puff of a cigarette inside your home?

|____| DAYS NONE ..... 0 → **SKIP TO Q. 8**

7a. Think about a typical or usual day in the past 7 days when other people, besides yourself, were smoking inside your home.
What day have you selected? _____

7b. On (TYPICAL DAY), how many cigarettes were smoked by other people ***around you*** inside your home? Take your best guess. Remember, one pack of cigarettes per day = 20 cigarettes.

|____|____|____| CIGARETTES DON'T KNOW..... -8

7c. And, how many cigarettes were smoked by other people on (TYPICAL DAY) ***around your baby*** inside your home?

|____|____|____| CIGARETTES DON'T KNOW..... -8

8. On how many of the past 7 days did any other people, not including yourself, smoke even a puff of a cigarette ***around you*** while you were away from your home, such as in a car, at someone else's home, at a social event, or at work.

|____| DAYS NONE ..... 0 → **SKIP TO Q. 9**

8a. Think of a typical day in the past 7 days when people smoked ***around you*** away from your home. What day have you selected? _____

8b. On (TYPICAL DAY), how many cigarettes were smoked by other people ***around you*** in all of these other places away from your home. (IF DON'T KNOW**:** Take your best guess. Remember, one pack of cigarettes per day = 20 cigarettes.)

|____|____|____| CIGARETTES DON'T KNOW..... -8

9. On how many of the past 7 days did any other people, not including yourself, smoke even a puff of a cigarette ***around your baby*** away from your home, such as in a car, at someone else's home, at a social event, or at work.

|____| DAYS NONE ..... 0 → **SKIP TO Q. 10**

9a. Think of a typical day in the past 7 days when people smoked ***around your baby*** when you were away from your home. What day have you selected? _____

9b. On (TYPICAL DAY), how many cigarettes were smoked by other people ***around your baby*** away from your home?

|____|____|____| CIGARETTES DON'T KNOW..... -8

10. Does anyone other than yourself care for (NAME OF BABY) on a regular basis?

YES 1

NO .....2→ **SKIP TO Q. 15**

11. Who (else) takes care of (him/her) on a regular basis? (CIRCLE ALL THAT APPLY)

Baby's father/mother's partner 1
Baby's sibling under age 18.....2
Another child under age 18.....3
Baby's grand-parent.....4
Other adult relative 5
Friend or neighbor.....6
Child care worker at day care center/nursery 7
Other.....8

11a. SPECIFY: _____

12. Where does this person (do these persons) usually care for (NAME OF BABY)? (CIRCLE ALL THAT APPLY)

In your baby's home 1
In their or someone else's home 2
In a childcare center/nursery.....3
Other..... 4

12a. SPECIFY: _____

13. During a typical week, how many days per week and hours per day does (NAME OF BABY) usually spend with other caregivers, other than yourself?

|___|___| DAY PER WEEK AND |___|___| HOURS PER DAY

14. Do any of these other people who take care of your baby on a regular basis smoke cigarettes in the house or building where they are taking care of your baby? (READ LIST OF PERSONS IN Q.11, AND CIRCLE YES OR NO FOR EACH)

	YES	NO
Baby's father/mother's partner	1	2
Baby's sibling under age 18	1	2
Another child under age 18	1	2
Baby's grand-parent	1	2
Other adult relative	1	2
Friend or neighbor	1	2
Child care worker at day care center/nursery	1	2
Other (SPECIFY)	1	2

FOR EACH "YES" IN Q. 14:

14a. Have you ever talked to the (CHILDCARE ARRANGEMENT) about not smoking around (NAME OF BABY)?

	YES	NO
Baby's father/mother's partner	1	2
Baby's sibling under age 18	1	2
The other child under age 18	1	2
Baby's grand-parent	1	2
Other adult relative	1	2
Friend or neighbor	1	2
Child care worker at day care center/nursery	1	2
Other (SPECIFY)	1	2

15. Thinking about all of the people who may take care of your baby, either on a regular basis, or when you need help with the baby, about how many hours a day, on average, is your new baby in the same room with someone who is smoking?

|___|___| HOURS

-7☐ MY BABY IS NEVER IN THE SAME ROOM WITH SOMEONE WHO IS SMOKING

ONLY AT POSTPARTUM

16. How much do you think that a pregnant woman's cigarette smoking can harm her unborn child's health? Would you say . . .

Not at all,..... 1

Not very much,..... 2

Somewhat, or 3

A lot?..... 4

DON'T KNOW.....-8

ONLY AT POSTPARTUM

17. How much do you think that your being around other people who are smoking cigarettes <u>while you are pregnant</u> can harm the health of your unborn baby? Would you say . . .

Not at all,..... 1

Not very much,..... 2

Somewhat, or 3

A lot?..... 4

18. How much do you think that people smoking cigarettes around your new baby, <u>including yourself,</u> could harm your new baby's health? Would you say . . .

Not at all,..... 1

Not very much,..... 2

Somewhat, or 3

A lot?..... 4

DON'T KNOW..... -8

19. If you were to stop people from smoking around your new baby, including yourself, how much do you think that this would actually improve your new baby's health? Would you say . . .

Not at all, ... 1

Not very much, ... 2

Somewhat, or 3

A lot? 4

20. Given all the other priorities and concerns in your life, how important of a priority is it for you to make sure that your new baby is not exposed to cigarette smoke? Would you say . . .

Not at all important, ... 1

Not very important, ... 2

Somewhat important 3

Very important, or 4

Extremely important? 5

21. In general, who in your household is most likely to make decisions or set the rules about whether cigarettes can be smoked in you home? Would you say . . .

You are most likely to decide/make up the rules, ... 1

Decisions and rules about smoking in the house are jointly shared, or 2

Someone else is most likely to decide/make up the rules? 3

22. Which of the following statements best describes where cigarette smoking is allowed to happen inside your home? Would you say . . .

Smoking is not allowed anywhere inside your home, ... 1

Smoking is allowed only in certain areas or rooms inside your home, or 2

Smoking is allowed anywhere inside your home 3

23. Which statement best describes who is allowed to smoke inside your home? Would you say . . .

No one is allowed to smoke inside your home, ... 1

Only special guests are allowed to smoke inside your home, , or 2

Everyone is allowed to smoke inside your home 3

24. How do you handle cigarette smoking when you are away from your home?

I do not allow anyone to smoke around me and my new baby, ... 1

I only allow certain people to smoke around me and my new baby, or 2

I allow everyone to smoke around me and my new baby? 3

25. Since you gave birth, have you done any of the following to reduce the number of cigarettes other people smoke around you and your new baby?

	YES	NO
a. Posted a no smoking sign or magnet in your home?	1	2
b. Created no smoking in house rules at your home?	1	2
c. Talked to other people about the harmful effects that cigarette smoking around you can have on your health?	1	2
d. Talked to other people about the harmful effects that cigarette smoking around your new baby can have on your infants health?	1	2
e. Asked other people not to smoke around you?	1	2
f. Asked other people not to smoke around your new baby?	1	2
g. Stayed away from other people who were smoking cigarettes?	1	2
h. Kept your new baby away from other people who were smoking cigarettes?	1	2
i. Did something nice for the people who stopped smoking around you?	1	2
j. Did something nice for the people who stopped smoking around your baby?	1	2

26. Since you gave birth, how often have you asked other people who wanted to smoke a cigarette at your home to smoke outside instead of inside your home? Would you say . . .

Never, ... 1
Rarely, ... 2
Sometimes, ... 3
Often, or 4
Almost always? 5
N/A, NO ONE HAS WANTED TO SMOKE IN MY HOME ..... -7

27. Since you gave birth, how often have you asked other people not to smoke around you and your baby when you are away from your home and someone wanted to smoke, for example, when you are visiting the home of a friend or family member who smokes? Would you say . . .

Never, ... 1
Rarely, ... 2
Sometimes, ... 3
Often, or 4
Almost always? 5
N/A, NO ONE HAS WANTED TO SMOKE AT ANOTHER HOME ..... -7

28. Since you gave birth, how often have you gone outside or left the room when someone else started to light up or to smoke a cigarette around you? Would you say . . .

Never, ...1

Rarely, ...2

Sometimes, ...3

Often, or 4

Almost always? 5

N/A, NO ONE HAS STARTED TO SMOKE AROUND ME.....-7

29. Since you gave birth, how often have you taken your baby outside or out of the room when someone else started to light up or to smoke a cigarette around your baby? Would you say . . .

Never, ...1

Rarely, ...2

Sometimes, ...3

Often, or 4

Almost always? 5

N/A, NO ONE HAS STARTED TO SMOKE AROUND MY BABY .....-7

30. If you decided you did not want other people to smoke around you during the next month, how confident are you that you could stop them? Would you say . . .

Not at all confident, ... 1

Not very confident,..... 2

Somewhat confident,..... 3

Very confident, or 4

Extremely confident? 5

DON'T' KNOW..... -8

31. If you wanted to keep other people from smoking around your new baby, how confident are you that you could stop them? Would you say . . .

Not at all confident,..... 1

Not very confident,..... 2

Rather confident, or..... 3

Very confident?..... 4

DON'T' KNOW.....-8

32. If you asked your partner, other household members, family, friends, or coworkers not to smoke around you, how much support or understanding do you think you would get? Would you say. . .

None, ... 1

Not much, ... 2

Some, or 3

A lot? 4

DON'T' KNOW ..... -8

33. If you asked your partner, other household members, family, friends, or coworkers not to smoke around your new baby, how much support or understanding do you think you would get? Would you say. . .

None, ... 1

Not much, ... 2

Some, or 3

A lot? 4

DON'T' KNOW ..... -8

SECTION G. PARENTING SUPERVISORY AND SAFETY KNOWLEDGE AND PRACTICES ONLY ASK AT 6 WEEKS, 6 AND 12 MONTHS

The next questions are about parenting, child safety and infant development. Please imagine yourself and your baby in the following situations, and tell me what you would do in each case. There are no right or wrong answers. Just tell me what you would do.

1. You are visiting a friend's home. The friend lights up a cigarette and begins smoking in front of you and your sleeping baby. What would you do?

   _____

   _____

2. You are driving alone in the car with your baby who has fallen asleep. You absolutely have to stop at a convenience store to pick up a few quick items. What would you do?

   _____

   _____

3. You are home alone with your baby and have just finished bathing him/her in the bathtub. You discover there are no towels in the bathroom for drying off your baby. What would you do?

   _____

   _____

4. You are on your way to a friend's house, which is only a few blocks away. You are by yourself and your baby starts to fuss when you place him or her in the car seat. What would you do?

   _____

   _____

5. You are at home alone with your child who is in bed and sound asleep for the night. Your good friend, who lives three doors down from you, calls you on the phone and asks you to come over to help with something important. You will only be gone for about 5 to 10 minutes. What would you do?

   _____

   _____

6. You have an important doctor's appointment that will keep you away from home for at least two hours. The babysitter canceled at the last minute. Your 8-year-old niece wants to babysit. What would you do?

   _____

   _____

7. A friend has asked you to babysit her 3-year-old toddler in your home. You and your baby are watching the 3-year-old playing with some toys. The phone rings in the other room. What would you do?

   _____

   _____

8. How do you put your new baby down to sleep most of the time? Is it . .

On his or her side,..... 1

On his or her back, or 2

On his or her stomach? 3

9. How often does your new baby sleep in the same bed with you or anyone else?

Always 1

Often 2

Sometimes 3

Rarely 4

Never 5

10. Do you have an infant car seat(s) for your baby?

Yes 1

No 2

11. When your baby rides in a car, truck, or van, how often does he or she ride in an infant car seat?

Always 1

Often.....2

Sometimes 3

Rarely 4

Never .....5 → **SKIP TO Q.14**

12. When your new baby rides in an infant car seat, is he or she <u>usually</u> in the front or back seat of the car, truck, or van?

Front seat 1

Back seat 2

13. When your new baby rides in an infant car seat, is he or she <u>usually</u> facing forward or facing the rear of the car, truck, or van?

Facing forward 1

Facing the rear 2

14. Do you have a smoke detector or fire alarm in your home?

YES 1

NO ..... 2 → **SKIP TO Q.15**

DON'T KNOW ..... -8→ **SKIP TO Q.15**

14a. How often do you check the batteries in your fire alarm? Would you say . . .

Every month, ... 1

Every other month, ... 2

Every six months, ... 3

Once a year, or 4

NOT SURE/DON'T KNOW ..... -8

15. During a typical week, how often do you allow your baby to use a baby walker? Would you say . . .

Never 1

Rarely (<1 day) 2

Some or a little of the time (1-2 days) 3

Occasionally or a moderate amount of time (3-4 days) 4

Most or all of the time (5-7 days) 5

NOT APPLICABLE (DO NOT OWN A WALKER) ..... -7

16. Do you have safety gates on your stairs?

YES 1

NO ..... 2 → **SKIP TO Q.17**

NOT APPLICABLE (NO STAIRS IN HOME) - ..... 7 → **SKIP TO Q.17**

16a. How often do you check to see that the safety gates on the stairs are locked? Would you say . . .

Rarely or none of the time (<1 day) 1

Some or a little of the time (1-2 days) 2

Occasionally or a moderate amount of time (3-4 days) 3

Most or all of the time (5-7 days) 4

17. Finally, I would now like to ask you about some additional things you may do while caring for your child or around your house. Please use **CARD H** to indicate how often you did each of the following activities.

	Never	Less than half the time	About half the time	More than half time	Every time	N/A
a. How often do you carry or hold your child while cooking food on the stove? Would you say ...	1	2	3	4	5	
b. How often do you carry or hold your child in your lap while drinking hot beverages (e.g., drinking a cup of coffee or tea or eating hot food)? Would you say	1	2	3	4	5	

	Never	Less than half the time	About half the time	More than half time	Every time	N/A
c. How often do you leave your child alone for just a minute on a tabletop or changing table (e.g., while you ran to the next room to get a diaper or T-shirt)?	1	2	3	4	5	
d. When you are not able to hold your child, how often do you leave your child sitting on the countertop or any other area, either in an infant carrier or her/his own?	1	2	3	4	5	
e. When allowing your child to play or crawl on the floor, how often do you move or remove anything around that the child could climb on and possible fall off of (e.g., coffee table) or that could fall on the child (e.g., unsecured bookcase, poorly balanced TV)?	1	2	3	4	5	-7
f. How often do you put your child down in a crib or playpen when you cannot not hold him/her?	1	2	3	4	5	
g. When feeding your child, how often do you feed your child hard food like baby apples, hot dogs, grapes, peanuts or popcorn? Would you say	1	2	3	4	5	
h. When giving your child toys to play with, how often do you give your child small toys that have small pieces and parts (e.g., Lego, marbles) or small objects (like nuts, candies) to play with or hold on to?	1	2	3	4	5	
i. When bathing your baby, how often do you test the water temperature with a thermometer or with your hand before putting your baby into the water?	1	2	3	4	5	
j. When cooking around your baby (or when someone else is cooking around your baby), how often do you turn the handles of pots to the back of the stove? Would you say	1	2	3	4	5	
k. When your child is sitting in a high chair, stroller, infant carrier or baby swing, how often do you use a safety strap?	1	2	3	4	5	-7
l. How often do leave blankets, pillows or something soft for your baby to sleep on in the crib or playpen?	1	2	3	4	5	

SECTION H: PSYCHOSOCIAL ISSUES

Next, I would like to ask you a few questions just about you, and your feelings.

1. Please use **CARD I** to answer each statement that reflects how much control you feel you have in your daily life.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I have little or no control over the things that happen to me. Do you	1	2	3	4
b. There is really no way I can solve some of the problems I have. Do you	1	2	3	4
c. There is little I can do to change many of the important things in my life.	1	2	3	4
d. I often feel helpless in dealing with the problems of life.	1	2	3	4
e. Sometimes I feel that I am being pushed around in life.	1	2	3	4
f. What happens to me in the future mostly depends on me.	1	2	3	4
g. I can do just about anything I set my mind to do.	1	2	3	4

2. Since our last interview, have you had two or more weeks in a row when you felt sad, blue or depressed, or when you lost all interest or pleasure in things that you usually cared about or enjoyed?

   YES 1

   NO 2

3. I am now going to read to you some ways you may have felt or behaved during the past week. Please use **CARD J** for these items. During the past week, how often . . .

	Rarely or None of the time (<1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
a. Were you bothered by things that usually don't bother you? Would you say	1	2	3	4
b. How often did you have trouble keeping your mind on what you were doing? Would you say	1	2	3	4
c. How often did you feel depressed?	1	2	3	4
d. How often did you feel that everything you did was an effort?	1	2	3	4
e. During the past week how often did you feel hopeful about the future? Would you say	1	2	3	4
f. How often did you feel fearful?	1	2	3	4
g. How often did your sleep become restless?	1	2	3	4
h. During the past week how often were you happy?	1	2	3	4
i. How often did you feel lonely?	1	2	3	4
j. How often did you feel you could not "get going?"	1	2	3	4

4. Are you currently taking any prescribed medications for anxiety (nerves), depression, or stress?

YES 1
NO 2

SECTION I: SUBSTANCE USE

These questions are about alcohol and drugs.

1. During the past month, how often did you drink ____? Would you say. . .

	Every day or almost every day	3-4 times/wk	1-2 times/wk	Once or twice only?	Not at all
(1) Beer?	1	2	3	4	5
(2) Wine?	1	2	3	4	5
(3) Wine coolers?	1	2	3	4	5
(4) Hard liquor, such as vodka, gin, scotch, bourbon, tequila, brandy, or liqueur?	1	2	3	4	5

2. During the past month, how often did you use ____? Would you say. . .

	Every day or almost every day	3-4 times/wk	1-2 times/wk	Once or twice only?	Not at all
(1) Marijuana or hashish?	1	2	3	4	5
(2) Crack or cocaine?	1	2	3	4	5

3. During the past month, did you use. . .

	YES	NO
a. Heroin?	1	2
b. LSD?	1	2
c. Amphetamines (uppers)?	1	2
d. Sedatives, or tranquilizers (downers, nerve pills, pain killers)?	1	2
e. Any other type of drugs?	1	2

INTERVIEWER: IF Q.3a-e ARE ALL "NO," SKIP TO SECTION J

4. During the past month, did you ever use a needle to take any of these drugs?

YES 1

NO 2

NOT SURE, CAN'T REMEMBER .....-8

SECTION J: PARTNER & OTHER INTERPERSONAL RELATIONSHIPS

INTERVIEWER: DOES R HAVE A CURRENT PARTNER? (CHECK Q. D7 ON PG. 20)

YES..... 1 → GO TO Q. 1

NO..... 2 → SKIP TO Q. 2

1. Just a few more questions about your partner. Please use **Card K** for these items. During the past month, how much of the time have you felt the following…

	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
a. My spouse or partner cares about me. During the past month did you feel this	1	2	3	4	5	6
b. My spouse or partner accepts me as I am. During the past month did you feel this	1	2	3	4	5	6
c. I enjoy the time I spend with my spouse or partner?	1	2	3	4	5	6
d. My spouse or partner seems interested in how I am doing?	1	2	3	4	5	6
e. My spouse or partner comes through for me when I need him?	1	2	3	4	5	6
f. When something is on my mind, just talking with my spouse or partner can make me feel better. During the past month did you feel this	1	2	3	4	5	6
g. My spouse or partner encourages me when I feel discouraged or down?	1	2	3	4	5	6
h. I enjoy talking about everyday kinds of things with my spouse or partner?	1	2	3	4	5	6
i. My spouse or partner is a good source of useful information when I need it.	1	2	3	4	5	6
j. My spouse or partner helps me out. During the past month did you feel this	1	2	3	4	5	6
k. When I need someone to help me out, I can usually rely on my spouse or partner.	1	2	3	4	5	6

2. Finally, I would now like to ask you about your relationships with other people who are important in your life. This might include your children, family, or friends. Please use Answer **Card L** for these items. During the past month, how much of the time have you felt the following…

	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
a. The people I care about make me feel that they care about me. During the past month did you feel this	1	2	3	4	5	6
b. The people important to me accept me as I am? During the past month did you feel this	1	2	3	4	5	6
c. I enjoy the time I spend with the people who are important to me?	1	2	3	4	5	6
d. The people I care about seem interested in how I am doing?	1	2	3	4	5	6
e. The people I care about come through for me when I need them?	1	2	3	4	5	6
f. When something is on my mind, just talking with the people I know can make me feel better. During the past month did you feel this	1	2	3	4	5	6
g. The people who are important to me encourage me when I feel discouraged or down?	1	2	3	4	5	6
h. I enjoy talking about everyday kinds of things with the people I care about?	1	2	3	4	5	6
i. The people I know are a good source of useful information when I need it?	1	2	3	4	5	6
j. The people I care about help me out?	1	2	3	4	5	6
k. When I need someone to help me out, I can usually find someone.	1	2	3	4	5	6

SECTION K. END OF INTERVIEW

1. TIME INTERVIEW ENDED: |___|___| : |___|___| am / pm

2. DATE INTERVIEW COMPLETED: |___|___| - |___|___| - |___|___|___|___|
   MO DAY YEAR

3. INTERVIEWER ID #: |____|____|

4. INTERVIEW CONDUCTED: BY TELEPHONE 1
   IN PERSON..... 2

5. ANSWER CARDS: AVAILABLE 1
   NOT AVAILABLE..... 2
   WROTE DOWN 3

- ✓ UPDATE CONTACT INFORMATION
- ✓ INFORM PARTICIPANT ABOUT 6-WEEK PP CALL. OBTAIN BEST DAYS/TIMES TO CALL AND RECORD ON FRONT PAGE AND IN CONTACT BOOKLET.
- ✓ ENTER FINAL RESULT CODE, DATE, BEST TIME TO CALL FOR 6-WEEK INTERVIEW, AND ANY UPDATED CONTACT INFORMATION ON CONTACT BOOKLET AND DMS.

6a. WAS THE RESPONDENT'S UNDERSTANDING OF THE QUESTIONS . . .

GOOD..... 1
FAIR 2
} → **SKIP TO Q. 7**

POOR..... 3

6b. IF "POOR": WHICH SPECIFIC SECTIONS OR QUESTIONS DID THE RESPONDENT HAVE DIFFICULTY UNDERSTANDING?

_____

_____

_____

7. IN GENERAL, WHAT WAS THE RESPONDENT'S ATTITUDE TOWARD THE INTERVIEW?

FRIENDLY AND INTERESTED..... 1
COOPERATIVE BUT NOT PARTICULARLY INTERESTED..... 2
IMPATIENT AND RESTLESS..... 3
HOSTILE 4

8. WERE THERE ANY DISTRACTIONS DURING THE INTERVIEW, SUCH AS CHILDREN, PHONE CALLS, TV, ETC?

YES 1

NO ..... 2 → **END**

8a. DID THE DISTRACTIONS AFFECT THE RESPONDENT'S ABILITY TO ANSWER THE QUESTIONS . . .

ALOT,..... 1

SOMEWHAT, ... 2

NOT AT ALL? 3

9. NOTES: